

5 2017

MPSHIRE NT OF STATE

		W HAMPSHIRE	RECEIVE
	for LO	Income and Expenses BBYISTS	JUN 1520
PLEASE PR	·	hapter 15)	NEW HAMPSH DEPARTMENT OF
I. Name of Lobbyist(s) Steve Ah	nen, Paula Minnehan, Kathlee	n Bizarro-Thunberg, Travis	Boucher Boucher
II. Name of lobbyist's partnershi	p, firm or corporation, if any:		
New Hampshire Hospital Association	ciation		
(Name of partnersh	ip, firm or corporation)		oka pila distrikki 1990-199 kupu na makulakutur ki nida u kupu pilakikulan.
125 Airport Road	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
603 225-0900 (Felephone)	(603) 225-4346 (Fas)	e-mail pminnehan@	nhha.org
III. This statement covers: (Choo reportable expense transactions v	· · · · · · · · · · · · · · · · · · ·		de a separate report for
All reportable transactions occu	urring in the months prior to the re	eporting date relative to the fo	llowing client:

(Full Name of Client as it appears on the Lobbyist Registration Form)

OR

1 All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.

IV. Date of Report

April 26, 2017

July 26, 2017 activity from 4/1/17 to 6/30/17

Reports cover:

activity from date of registration to 3/31/17

January 31, 2018 !

October 25, 2017 activity from 7/1/17 to 9/30/17

activity from 10/1/17 to 12/31/17

V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NII 03301.

VI, Check it	f additional	reports are	attached:
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✓ If you have received fees or made expenditures, you must file Addendum A− Fees and Expenses

If you have paid an honorarium or reimbursed expenses, you must file Addendum B-Report of Honorariums or **Expense Reimbursement**

If you, your firm, or your family has made political contributions, you must file Addendum C Political Contributions

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true

and complete to the best of my knowledge and belief.

6/13/17

Paula Minnehan

(Print Name of lobbyist)

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:	
New Hampshire Hospital Association	
(Name of partnership, firm or corporation)	
III. Name of Client	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$
c) Total of all fees received to date (Add lines a and b)	c) \$
 d) Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to rep fees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for exampl lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paisteness; (b) the aggregate total of all expenses; (c) the aggregate total of a c: meals purchased during a business as than \$10 that is given to the persod with a value of \$25.00 or less); an rting period of greater than \$25.00 for the of greater than \$25, purchase of the expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$27,363.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
a). Total of all itemized expenditures reported in detail in section VI	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$ 27,363.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
descentidades ARCARNATES TV	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
(Signature of lobbyist)	(O/13/17)
Paula Minnehan	
(Print Name of lobbyist)	

	al Association		
(Name of p	artnership, firm or corporation)		
III. Name of Client			Date
Political Contributions For each political contributions client/lobbyist and lobby			iter 664 paid on behalf of the
Full name of candidate:	Feltes	Dan	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	250	Office Candidate is	s Seeking Senate
Full some of any didate.	Senate Democratic C	aucus	
Full name of candidate:	Senate Democratic C	aucus (First Name)	(Middle Name/Initial)
Full name of candidate:	(Last Name)	(First Name)	·
Amount of contribution \$ If the contribution is an in-l	(Last Name) 500 kind contribution, provide ontribution on the line above	(First Name)Office Candidate is a description of the good	Seeking _Senatels or services provided, and enter the
Amount of contribution \$ _ If the contribution is an in-lactual cost of the in-kind co	(Last Name) 500 kind contribution, provide ontribution on the line above	(First Name)Office Candidate is a description of the good we for amount of contribute.	Seeking _Senate Is or services provided, and enter the ution. If the actual cost is not known,
Amount of contribution \$	(Last Name) 500 kind contribution, provide ontribution on the line about the word "estimate."	(First Name)Office Candidate is a description of the good we for amount of contribute.	Seeking _Senatels or services provided, and enter the

II. Name of lobbyist's partnership, firm or corporation, if any: New Hampshire Hospital Association (Name of partnership, firm or corporation) III. Name of Client Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following: Full name of candidate: Lasky Bette (Lask Name) Office Candidate is Secking Senate If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter th actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate." Full name of candidate: Kahn Jay (Last Name) (First Name) (Middle Name/Initial) Amount of contribution is an in-kind contribution, provide a description of the goods or services provided, and enter th actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate." Full name of candidate: Hennessey Martha (Last Name) (Hirst Name) (Middle Name/Initial) Amount of contribution \$ 250 Office Candidate is Seeking Senate				
III. Name of Client	II. Name of lobbyist's pa	rtnership, firm or cor	poration, if any:	
Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following: Full name of candidate: Lasky Bette (Last Name) (Pirst Name) (Middle Name/Initial) Amount of contribution \$ Office Candidate is Seeking Senate If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter th actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate." Full name of candidate: Kahn Jay (Last Name) (Pirst Name) (Middle Name/Initial) Amount of contribution is an in-kind contribution, provide a description of the goods or services provided, and enter th actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate." Full name of candidate: Hennessey Martha (Last Name) (Pirst Name) (Middle Name/Initial) (Middle Name/Initial)	New Hampshire Hospita	al Association		
Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following: Full name of candidate: Lasky Bette (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 250 Office Candidate is Seeking Senate If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter th actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate." Full name of candidate: Kahn Jay (Last Name) (First Name) (Middle Name/Initial) Amount of contribution is an in-kind contribution, provide a description of the goods or services provided, and enter th actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate." Full name of candidate: Hennessey Martha (Last Name) (First Name) (Middle Name/Initial)	(Name of pa	rtnership, firm or corporation)		
Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following: Full name of candidate: Lasky Bette (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 250 Office Candidate is Seeking Senate If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter th actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate." Full name of candidate: Kahn Jay (Last Name) (First Name) (Middle Name/Initial) Amount of contribution is an in-kind contribution, provide a description of the goods or services provided, and enter th actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate." Full name of candidate: Hennessey Martha (Last Name) (First Name) (Middle Name/Initial)	III. Name of Client			Date
Amount of contribution \$ 250 Office Candidate is Seeking Senate If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate." Full name of candidate: Kahn Jay (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 250 Office Candidate is Seeking Senate If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate." Full name of candidate: Hennessey Martha (Last Name) (First Name) (Middle Name/Initial)	For each political contrib			oter 664 paid on behalf of the
Amount of contribution \$ 250 Office Candidate is Seeking Senate If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate." Full name of candidate: Kahn Jay (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 250 Office Candidate is Seeking Senate If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate." Full name of candidate: Hennessey Martha (Last Name) (First Name) (Middle Name/Initial)	Full name of candidate:	Lasky	Bette	
If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter th actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate." Full name of candidate: Kahn	-		·	(Middle Name/Initial)
If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter th actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate." Full name of candidate: Kahn	Amount of contribution \$ _	250	Office Candidate i	s Seeking Senate
(Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 250 Office Candidate is Seeking Senate If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate." Full name of candidate: Hennessey Martha (Last Name) (First Name) (Middle Name/Initial)				
Amount of contribution \$			· · · · · · · · · · · · · · · · · · ·	
If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate." Full name of candidate: Hennessey Martha (First Name) (Middle Name/Initial) (Middle Name/In		Kahn	Jay	
(Last Name) (First Name) (Middle Name/Initial)	Full name of candidate: _	Kahn (Last Name)	Jay (First Name)	(Middle Name/Initial)
050	Full name of candidate: Amount of contribution \$ _ If the contribution is an in-kactual cost of the in-kind co	Kahn (Last Name) 250 ind contribution, provide ntribution on the line abo	Jay (First Name) Office Candidate is a description of the good	(Middle Name/Initial) Seeking _Senate ds or services provided, and enter th
Amount of contribution \$ 250 Office Candidate is Seeking Senate	Full name of candidate: Amount of contribution \$ _ If the contribution is an in-k actual cost of the in-kind co enter an estimated value and	Kahn (Last Name) 250 Sind contribution, provide ntribution on the line about the word "estimate." Hennessey	Jay (First Name) Office Candidate is a description of the good we for amount of contribution of the Martha	(Middle Name/Initial) Seeking Senate ds or services provided, and enter thution. If the actual cost is not know

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

New Hampshire Hospita			
(Name of pa	artnership, firm or corporation)		
III. Name of Client			Date
Political Contributions For each political contributions client/lobbyist and lobby			oter 664 paid on behalf of the
Full name of candidate:	Soucy	Donna	М
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	250	Office Candidate i	s Seeking Senate
	d the word "estimate."		
	Committee to Elec		
	Committee to Elec	t House Republicans (First Name)	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$	Committee to Electrical (Last Name) 500 kind contribution, provide ontribution on the line above	t House Republicans (First Name) Office Candidate is a description of the good	
Full name of candidate: Amount of contribution \$ _ If the contribution is an in-lactual cost of the in-kind co	Committee to Electrical (Last Name) 500 kind contribution, provide ontribution on the line above	t House Republicans (First Name) Office Candidate is a description of the good	(Middle Name/Initial) s Seeking ds or services provided, and enter the

(turn over to continue \rightarrow)

	al Association		
(Name of pa	armership, firm or corporation)		
III. Name of Client			Date
Political Contributions For each political contrib client/lobbyist and lobby	·		ster 664 paid on behalf of the
Full name of candidate:	Birdsell	Regina	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	250	Office Candidate is	s Seeking Senate
Full name of candidate:	Woodburn (Last Name)		
Full name of candidate: Amount of contribution \$	Woodburn (Last Name)	Jeff (First Name)	
Amount of contribution \$	Woodburn (Last Name) 500 cind contribution, provide ontribution on the line abo	Jeff (First Name) Office Candidate is a description of the good	(Middle Name/Initial) s Seeking Senate ds or services provided, and enter the
Amount of contribution \$ If the contribution is an in-late actual cost of the in-kind co	Woodburn (Last Name) 500 kind contribution, provide outribution on the line about the word "estimate."	Jeff (First Name) Office Candidate is a description of the good ve for amount of contribution of contributio	(Middle Name/Initial) s Seeking Senate ds or services provided, and enter the ution. If the actual cost is not known,
Amount of contribution \$	Woodburn (Last Name) 500 kind contribution, provide ontribution on the line about the word "estimate."	Jeff (First Name) Office Candidate is a description of the good ve for amount of contributions.	(Middle Name/Initial) Seeking Senate ds or services provided, and enter the ution. If the actual cost is not known.



New Hampshire Hospita	al Association			
(Name of pa	irtnership, firm or corporation	1)		
III. Name of Client			Date	
Political Contributions For each political contrib client/lobbyist and lobbyi			ter 664 paid on behalf	of the
Full name of candidate:				r dholan n olioidh V dhala
	(Last Name)	(First Name)	(Middle Name/Initia	
Amount of contribution \$ _	250	Office Candidate i	s SeekingSenate	
		1200		
		1200	P	
Full name of candidate: Amount of contribution \$ _	Gray (Last Name)	James (First Name)	P	al)
Full name of candidate:	Gray (Last Name) 250 sind contribution, provi	James (First Name) Office Candidate is de a description of the good	P (Middle Name/Initial Senate) Secking Senate	nl) nd enter the
Full name of candidate: Amount of contribution \$ _ If the contribution is an in-kactual cost of the in-kind co	Gray (Last Name) 250 sind contribution, provintribution on the line ald the word "estimate."	James (First Name) Office Candidate is de a description of the good bove for amount of contrib	P (Middle Name/Initial Senate) Secking Senate	nl) nd enter the
Full name of candidate: Amount of contribution \$ _ If the contribution is an in-kactual cost of the in-kind co	Gray (Last Name) 250 sind contribution, provintribution on the line all the word "estimate."	James (First Name) Office Candidate is de a description of the good bove for amount of contrib	P (Middle Name/Initial Senate) Secking Senate Is or services provided, a ution. If the actual cost is	nd enter the
Full name of candidate: Amount of contribution \$ _ If the contribution is an in-k actual cost of the in-kind co enter an estimated value and	Gray (Last Name) 250 sind contribution, provintribution on the line ald the word "estimate."	James (First Name) Office Candidate is de a description of the good bove for amount of contrib John (First Name)	P (Middle Name/Initial Senate) Secking Senate	nd enter the

New Hampshire Hospita	al Association inthership, firm or corporation)		
II. Name of Client		Date	
Political Contributions			
or each political contributions: Slient/lobbyist and lobbyi		pursuant to RSA Chapter bllowing:	664 paid on behalf of the
Full name of candidate:	Morse	Chuck	
_	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	500	Office Candidate is Sc	eking Senate Preside
ctual cost of the in-kind co	nitidution on the line abo		
inter on actimated value one		ve for amount of contribution	n. If the actual cost is not kno
enter an estimated value and		ve for amount of contribution	n. If the actual cost is not kno
enter an estimated value and		ve for amount of contribution	n. If the actual cost is not kno
enter an estimated value and		ve for amount of contribution	n. If the actual cost is not kno
enter an estimated value and		ve for amount of contribution	n. If the actual cost is not kno
enter an estimated value and		ve for amount of contribution	n. If the actual cost is not kno
		Kevin	n. If the actual cost is not kno
	the word "estimate."		(Middle Name/Initial)
Full name of candidate:	the word "estimate." Avard	Kevin (First Name)	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$	Avard (Last Name) 250	Kevin (First Name) Office Candidate is Sec	(Middle Name/Initial) Senate
Full name of candidate: Amount of contribution \$ f the contribution is an in-k	Avard (Last Name) 250 ind contribution, provide	Kevin (First Name) Office Candidate is Sec	(Middle Name/Initial) Senate cking
Full name of candidate: Amount of contribution \$ If the contribution is an in-kelocual cost of the in-kind co	Avard (Last Name) 250 ind contribution, providentribution on the line abo	Kevin (First Name) Office Candidate is Sec	(Middle Name/Initial) Senate services provided, and enter
Full name of candidate: Amount of contribution \$ If the contribution is an in-kelocual cost of the in-kind co	Avard (Last Name) 250 ind contribution, providentribution on the line abo	Kevin (First Name) Office Candidate is Sec	(Middle Name/Initial) Senate services provided, and enter
Full name of candidate: Amount of contribution \$ If the contribution is an in-kelocual cost of the in-kind co	Avard (Last Name) 250 ind contribution, providentribution on the line abo	Kevin (First Name) Office Candidate is Sec	(Middle Name/Initial) Senate services provided, and enter
Full name of candidate: Amount of contribution \$ If the contribution is an in-kelocual cost of the in-kind co	Avard (Last Name) 250 ind contribution, providentribution on the line abo	Kevin (First Name) Office Candidate is Sec	(Middle Name/Initial) Senate cking
Full name of candidate: Amount of contribution \$ If the contribution is an in-kelocual cost of the in-kind co	Avard (Last Name) 250 ind contribution, providentribution on the line abo	Kevin (First Name) Office Candidate is Sec	(Middle Name/Initial) Senate services provided, and enter
Full name of candidate: Amount of contribution \$	Avard (Last Name) 250 ind contribution, providentribution on the line abo	Kevin (First Name) Office Candidate is Sec	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$	Avard (Last Name) 250 ind contribution, providentribution on the line abol the word "estimate."	Kevin (First Name) Office Candidate is Secand description of the goods or ve for amount of contribution	(Middle Name/Initial) Senate services provided, and enter to the actual cost is not known.
	Avard (Last Name) 250 ind contribution, provide ntribution on the line about the word "estimate."	Kevin (First Name) Office Candidate is Sec a description of the goods or ve for amount of contribution	(Middle Name/Initial) Senate cking Senate



Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following: Giuda	New Hampshire Hosp			
Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following: Giuda	(Name of pa	artnership, firm or corporation	1)	
Full name of candidate: Giuda Bob	III, Name of Client			Date
Full name of candidate: (Last Name) (First Name) (Middle Name Initial) Amount of contribution \$ 250 Office Candidate is Seeking Senate If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter t actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate." Full name of candidate: Clark Martha Fuller (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 250 Office Candidate is Seeking Senate If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter to actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate." Full name of candidate: D'Allesandro Lou				napter 664 paid on behalf of the
Amount of contribution \$	Full name of candidate:	Giuda	Bob	
Amount of contribution \$	run name of candidate.	(Last Name)	(First Name)	(Middle Name/Initial)
If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter to actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate." Full name of candidate: Clark Martha Fuller (Last Name) (First Name) (Middle Name-Initial) Amount of contribution \$ 250 Office Candidate is Seeking Senate If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter to actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate." Full name of candidate: D'Allesandro Lou				
(Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 250				
Amount of contribution \$				
actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known center an estimated value and the word "estimate." Full name of candidate: D'Allesandro Lou		Clark	Martha	Fuller
t an flame of candidate.	Full name of candidate:	Clark (Last Name)	Martha (First Name)	Fuller (Middle Name/Initial)
(Last Name) (First Name) (Middle Name/Initial)	Full name of candidate: Amount of contribution \$ _ If the contribution is an in-kand cost of the in-kind co	Clark (Last Name) 250 cind contribution, provice on the line at	Martha (First Name)Office Candidate le a description of the ge	Fuller (Middle Name/Initial) Senate e is Seeking oods or services provided, and enter the
Senate	Full name of candidate: Amount of contribution \$ _ If the contribution is an in-lactual cost of the in-kind coenter an estimated value and	Clark (Last Name) 250 cind contribution, provice on the line and the word "estimate."	Martha (First Name) Office Candidate de a description of the gove for amount of contr	Fuller (Middle Name/Initial) Senate e is Seeking oods or services provided, and enter the



New Hampshire Hospi			, , , , , , , , , , , , , , , , , , , ,	
(Name of par	thership, firm or corporation)			
III. Name of Client	I. Name of Client		Date	
Political Contributions For each political contribu client/lobbyist and lobbyir			oter 664 paid on behalf of the	
Full name of candidate:	Ward	Ruth		
	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$	250	Office Candidate i	is Seeking Senate	
Full name of candidate: _	Innis	Dan		
att hame of candidate.	Innis (Last Name)	Dan (First Name)	(Middle Name/Initial)	
Amount of contribution \$ f the contribution is an in-kinctual cost of the in-kind con	Innis (Last Name) 250 nd contribution, provide tribution on the line abo	Dan (First Name) Office Candidate is a description of the good	(Middle Name/Initial) Senate s Seeking	
Amount of contribution \$ If the contribution is an in-king contribution on the contribution is an in-king contribution is a	Innis (Last Name) 250 nd contribution, provide tribution on the line abo	Dan (First Name) Office Candidate is a description of the good	(Middle Name/Initial)	
Amount of contribution \$ If the contribution is an in-ki	Innis (Last Name) 250 nd contribution, provide tribution on the line abo	Dan (First Name) Office Candidate is a description of the good	(Middle Name/Initial) Senate s Seeking	

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate,"
(If more than three contributions were made, report additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
Gignature of lobbyist) (Signature of lobbyist) (Date)
Paula Minnehan
(Print Name of lobbyist)

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: New Hampshire Hospital Association
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client):
Date of Report (check one):
April 26, 2017
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. (Signature of Jobbyist) (Date)
Steve Ahnen
(Print Name of lobbyist)

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: New Hampshire Hospital Association
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client):
Date of Report (check one):
April 26, 2017
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.
(Signature of lobbyist) (Date)
Paula Minnehan
(Print Name of lobbyist)

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying part	nership, firm, or corpo	ration: New Hampshire	Hospital Association
			corporation and not related to any
particular client):			
Date of Report (check	one):		
April 26, 2017 🍑	July 26, 2017 □	October 25, 2017 □	January 31, 2018 □
			nd Expenses described above, and umber of Addendum forms being
Addendum A(s).		
Addendum B(s).		
Addendum C(s).		
I hereby swear or affiri complete to the best of			nt and each Addendum is true and
Karlle A. Z. (Signature of lobbyist)	Syano - Du	sey _	(Date)
Kathleen Bizarro-Thur	nberg		
(Print Name of lobbyist	1)		

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Staten	nent/Aff	firma	tion	by	Lobby	'ist
Statem	ent of	Income	and	Expe	enso	es for:	

			Hospital Association
particular client):			corporation and not related to any
Dute of Report (check one,):		
April 26, 2017 💋 💮 Ju	ıly 26, 2017 □	October 25, 2017 □	January 31, 2018 □
			nd Expenses described above, and umber of Addendum forms being
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm the complete to the best of my (Signature of lobbyist)			and each Addendum is true and $\frac{6/(3/i7)}{(\text{Date})}$
Travis Boucher			
(Print Name of Jobbyist)			